MARGIN RESERVED FOR BINDING

V. S. No. 1

RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. TH UNFADING INK-THIS IS A PERMANEN mation should be carefully supplied. N. B.—WRITE PLAINLY,

TION is very important. See instructions on back of certificate.

STATE O	F MARYLAND-	-CERTIFICATE OF DEATH	1698
1. PLACE OF DEATH		82.00	
County Worcester	wiTHIM	Registration Dist. No.	0
Village or City Pocomoke (City	No	Ward
Length of residence In city or town where da		If death occurred in a hospital or institution, give its NAME instead of street and nuclear death of the street and nuclear death. How long In U.S. If of foreign birth?yrsmos	
2. FULL NAME Florence	. Anderson	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town end S	
PERSONAL AND STATISTIC	The second secon	MEDICAL CERTIFICATE OF DEATH	tate
3. SEX 4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Pocomoke City December 4th. (Month) (Day)	193_5 (Year)
5a. If married, widowad, or divorced HUSBAND of Frank Anders		22. DED THEREBY GERIFY. That lattended do	
7. AGE Yaars Months	15th.1868.	to have occurred on the date steted above, at 5QQP_m.	deeth is salt
67	20 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work dona, as SPINNER SAWYER, BDOKKEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last worked at this occupation (month and 1935)	11. Total tima (years) spent in this cocupation. Life	CEREGRAPHEMORRHAGE CHARAGES FELT SIDIE)	Dete of onset
12. BIRTHPLACE (city or town) LOCOMOKS (Stete or country) Nary L	City	Other Contributory Causes of importance: ARTENIO-DELECOSED	7
E 13. NAME Robert Gillett	e.		
	noke City,	Name of operation Date of Date of What test confirmed diagnosis? Wes there an eu	itoney?
15. MAIOEN NAME Harriet	Henry	23. If death was due to externel causes (VIOLENCE) fill in elso the following:	
15. MAIOEN NAME Harriet 16. BIRTHPLACE (city or town) O C O Mol (State or country)	ke City ryland.	Accidant, suicide, or homicide? Dete of injury Where did injury occur?	
17. INFORMANT rank inderso	on v. Marvl nd.	(Specify city or town, county and State) Spacify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE	CE.
18. BURIAL CREMATION, OR REMOVAL	popte Dec. 8th , 19 3	Manner of injury	
19. UNDERTAKER LEMON PS (Address) OCOMOR City 20. FILED DAC. S. 19 35.	l'aryland. J. Reley	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)	/ O
20. FILED	Registrar.	(Address) College Clarke	4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 2 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RECORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING ITH UNFADING INK-THIS IS A PERMANEN N. B.—WRITE PLANLY,

STATE C	F MAR	LAND-	-CERTIF	CATE	OF	DEATH
---------	-------	-------	---------	------	----	-------

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14699
1. PLACE OF DEATH	
County Worlester 1	Registration Dist. No.
Village or City Ocean City	No. St. Ward
Langth of residence in city or town where deeth occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Mary bodhis	1
(a) Residence: No.	N
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of	22. 1 HEREBY CERTIFY, That battanded deceased from
E DATE OF BIRTH (most)	I last saw h 2 alter a last last last last last last last la
6. DATE OF BIRTH (month, day, end year) 7. AGE Yaars Months Oeys If LESS than	to have occurred on the date stated above, atm.
about 45 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	ware es follows: Determined in mon-frue Determined in the significant of the significant
9. Industry or business in which work was done, as SILK MILL.	This woman was not pragrant; therefore,
O 10. Oate decessed last worked et this occupation (month and spent in this	her aclampsias was not complicating a
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(Stata or country)	V
13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. Marie Ma	
(State or country)	Neme of operation Data of
	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME MARCHAELE (city or town) and the (State or sountsy)	23. If death was due to external ceuses (VIOLENCE) fill In also tha following: Accident, suicide, or homicide?
17. INFORMANT Charlotte Hame (Address) Bullet man	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place of Mules Date An 2, 1936	Nature of injury
19. UNDERTAKER / White and	24. Was disaasa or injury In any way related to occupetion of daceased?
20. FILED COM 1 1930 J-S- Mingford	(Signad) M.D.
	2411 N. Charles Street, Baltimork Requesting T) S No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- JAN 4 1000			
Other contributory causes of importance: V. S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N, Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I The principal cause of death and related causes of importance were as follows:			Example II	
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	300	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	JAN 4 100	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUR AN V.	July 5, 1927	Perilonilis	3 days ago
	manufacture and the second sec			
Other contributory causes o	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		الـــــا		

ECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. AGE should be stated EXACTL TH UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be properly or TION is very important. See instructions on back of certificate. mation should be carefully supplied. -WRITE PLAINLY, W

N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	92:00)
county Worces lee.	Registration Dist. No. 332
Village Dr City Berline 1 R. F. D.	No. St. Ward
,—, (I	f death occurred in a hospital or institution grive its NAME instead of street and number) sds. How long In U.S. if of toreign birth?
2. FULL NAME Cachel David	If U. S. Veteran, specify WAR
(a) Residence: ND. Qual place of abode)	., St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
5a. It married, widowed, or divorced HUSBAND ot	
(or) WIFE of James Daves.	22. I HEREBY CERTIFY. That I attended deceased from
C DATE OF DIPTH (most)	I last saw here alive on 1930; deeth is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Days It LESS than	to heve occurred on the date stated above, at & A m.
80 7 13 1 day,hrs.	THE PRINCIPAL CAUSE OF DEATH and related Causes of Importance
8 Trade profession or particular	Date of one of
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oato deceased last worked et this occupation (month end	Chronic Volulen Hand disco 99 34
9. Industry or business in which work was done, as SIŁK MILL,	
SAW MILL, BANK, etc	-
this occupation (month end spent in this occupation occupation	
12. BIRTHPLACE (city or town) Maryland.	Other Contributory Causes of Importance:
(Stete or country)	
II 13. NAME 2 a dock & osular	
13. NAME 2 a droke 0 of ular 14. BIRTHPLACE (city or town)	Neme of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME untrong.	23. If death wes due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury19
(State or country)	Where dld injury occur? (Specify city or town, county and State)
17. INFORMANT COLL Davis (Address) Berlin M.	Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Plece persull Sem Date Die 21,1935	Nature of injury
19. UNDERTAKER JW. Bullage	24. Was disease or injury In any way related to occupation of deceesed?
(Address) Berlie W.	If so, specity
20. FILED Lie 21, 1935- I Williams	(Signed) C a Diollar a M. D.
Defer Registrar.	(Address) Down

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis IAN 2 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
J. P. J. V. S.			
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14702
1. PLACE OF DEATH	<u> </u>
County Warcester	Registration Dist. No. 353
Village or City Bishols Ma-	No. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
MT:00 Ox in	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME	within.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Yaar)
5e. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, that I attended deceased from
6. DATE OF BIRTH (month, day, and year) \$\$C 2 nd 1931	I last saw h Les and on Les 201, 193 3; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Tremature, & deficult Oato of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	WWW.
10. Date decaased last worked et this occupation (month and year)	Other Coutributory Causes of Importança:
(State or country)	
I 13. NAME Closer Dickerson	
13. NAME Such Dickerson 14. BIRTHPLACE (city or town) (Steta or country)	Name of operation Date of
	Whet test confirmed diegnosis?
16. BIRTHPLACE (city or town) Manylana	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Colomb Dickling (Address)	Whare did injury occur?(Specify city or town, county and State) Specify whather Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bishops Mid & Phony Bate Dec. 2, 1935	Mannar of injury
19. UNDERTAKER M. Pasha watre (Addrass) Selvyville Deln	24. Was diseasa or injury in any way related to occupetion of dacaased?
20. FILEO Lee . 2, 19 f. 5 Junes & Registrar.	(Signed) M. D. (Addrass) Delbyalle
If more blanks are needed, address Slate Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis , 1035	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1 6 1 8				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Control of the second way
County Norcestes.	Registration Dist. No.3 12
Village or City Beelin Ind!	No. St., Ward
Length of residence in city or town where death occurredyrsmo	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos,ds
2. FULL NAME CHATE PARTY CAPE	If U.S. Veteran specify WAR 10.
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
ie. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of Queic 20. Comme.	22. I HEREBY CERTIFY. Thet I attended deceased from
	1930 to 42 19 35
5. DATE OF BIRTH (month, dey, end yeer) 27 7. AGE Yeers Months 1 Days If LESS then	11001.304 11302.11. 000(11 15 80)
EM / 1 dey,hrs.	to heve occurred on the dete steted ebove, et
8. Trede, profession, or perticular	were as follows:
kind of work done, as SPINNER,	Chronic Valulas Hart Sera 1934
kind of work done, as SPINNER, SAWYER, BOOKKEPFER, etc 1. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Dete decesed lest worked et his securation (month and	The state of the s
SAW MILL, BANK, etc	
yeer) 1936 occupetion occupetion	Other Coutributory Causes of Importence:
12. BIRTHPLACE (city or town)	
13. NAME O KORE ONTONO!	
14. BIRTHPLACE (city or town) Lessenses.	Neme of operation Date of Date of
	Whet test confirmed diegnosis? Wes there an autopsy? P
TOPPING OF	23. If deeth wes due to externel causes (VIOL ENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
17. INFORMANT MA Bealsie Com Orice	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Die Det Det 14 1985	Neture of injury
The Bound The 11	24. Wes diseese or injury in eny wey releted to occupation of deceesed?
19. UNDERTAKER (Address) (Address)	If so, specify
10-212 35- 00-W/ 1.1	(Signed) C: a Holland M.D
20. FILED NUCE 13, 19 30 W My Careford	(Address) Besleys and

If more blanks are needed, Adress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1AN 2 1988				
Other contributory causes of importance 5.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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WRITE.

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OCCUPA-

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
LANDE V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroentcritis	1 year
	1915 1921 Vuly 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car Vuly 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

ECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. TH UNFADING INK-THIS IS A PERMANENT mation should be carefully supplied. N. B.—WRITE PLAINLY, V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1470G
1. PLACE OF DEATH	Mary Mary
County Howester	(191) Registration Dist. No.
Village or City Yormoke City	NoSt Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?dsds.
2. FULL NAME Georgina & Sunty	If U. S. Veteran, specify WAR
(a) Residence: Np. U	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DLYORCED (write the Word)	December 19 193 5
Sa. If marriad, widowad, or divorced Marriad	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended daceasad from
Ground Juney.	19.05, to DEC 19, 19.05
6. DATE OF BIRTH (month, day, and yaan eug. 12 1876	l last faw h alive on
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at /
37 7 0rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEPER, etc.	Chromes Wesherles
S. industry or business in which	Chrone Viyoendely
work was done, as SILK MILL, Occor Home	(- <i>f</i>
10. Date deceased last worked at 11. Total time (years)	
this occupation (months of 1935) spent in this 30 MW	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Other Controllery Canses of Importance:
(State or country)	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of Edulity)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Milbourn 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
6 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Derfha Horoselengung	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 37 Walnut At Camplen 7.4	
Pia Clenez ex Centrem Helbartes 2/ 1935	Manner of Injury
	Nature of injury
19. UNDERTAKER (Addrass)	24. Was disease or injury in any way related to occupetion of dacaased?
Poe 20 35 1 1 1 1 1 1 1	(Signed) allarder M.D.
20. FILED 19 Registry.	(Address) A pro-uso de Cal Maria
If more blanks are needed, address State Registrary	

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Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	rilis IAN 2	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.S.	July 5, 1927	Peritonitis	3 days ago
	BURE			
Other contributory c	auses of importance:		Other contributory causes of importance:	eran i
Gallstones		May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Worcester	35/
n. The state of th	Registration Dist. No. 🔾 🔾 🖊
Village of City Jewash	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	
2. FULL NAME Nettre Mars Hanne	//
	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE / 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
OR DIJORCEO (write the word)	Nelemby 23 193 5
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of Or) WIFE of	22. I HEREBY CERTIFY That i attended deceased from
(or) wire or	Nec 15 35 Nec 23 1,35
6. DATE OF BIRTH (month, day, and year)	i last saw her alive on Nec 22 135 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 48 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Were as follows: Caralas. Oate of oneet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Some menn
9. industry or husiness in which	via itis.
SAW MILL, BANK, etc.	•
Spellt III [1115]	
year) occupation / //	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Other Continuent Causes of Importance.
(State or country) Mayland	
13. NAME Vel Hannions	
13. NAME Wee Transmond 14. BIRTHPLACE (city or town)	Name of operation Oate of
(State or country) of Many Caract	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Stellar ofull	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Stellar Jule 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury 19
(State or gountry)	Where did injury occur?
ole - That and	(Specify city or town county and State)
(Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL PROMATION, OR REMOVAL	Manner of injury
Piace funt thank outle 25, 1935	Nature of injury
W D1 8 m 00.	The state of the s
19. UNOERTAKER PARAGE (Address)	24. Was disease or injury in any way related to occupation of deceased?
(Audiess)	If so, specify Colombia
20. FILEO 197 24 , 19.35 RECon Juith	(Signed) Nowale M.O.
Registrar.	(Address)
15 more vianas are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage JAN 6 1935	July 5, 1927	Peritonitis	3 days ago	
SUMEAU V. S.	The second secon			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

		SALICE SCHOOL PROPERTY.				

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V. S. No. 1

(Address)

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-0
County Woulder	Registration Dist. No. 35/
Village or Cify Gudelree	No. St., Ward f death gocurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	sds. How long in U.S. if of foreign birth?msds.
2. FULL NAME Sarah M Harman	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sa. If married, widowed, on divorced	21. DATE OF DEATH Combal 36 (Month) (Bay) (Year)
HUSBANO of John N- Naman	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH month, day, and year) 7. AGE Years Months Oays 11 LESS than	I last saw h alive on
\$6 88 1/3 11 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance
8 Trade profession or particular	were as follows: Oate of one of the older of Oate of one of
skind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. todustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (more and	Old age - failing for set -
work was done, as SILK MILL, Duntame	aboble in
10. Data deceased last worked this occupation (morning and 1935) 11. Total time (years) spent in this occupation occupation occupation.	Jan
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importance:
(State or country) / // Wyland	
13. NAME James Carker	
14. BIRTHPLACE (city or town)	Nama of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME South Know	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME Wordt Know 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of Injury19
(State or country) fland Anow	Whera did Injury occur?
17. INFORMANT Surgest & Victor (Address) Gridletree M. J. D.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CHEMATION, OR REMOVAL	Manner of Injury
Place Defflusiges One. Oatelle 98, 1935	Nature of injury
19. UNDERTAKEN HEARING THE	24. Was disease or injury In any way related to occupation of deceased?

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Registrar.

If so, specify

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	3 July 5, 1927	Peritonitis	3 days ago
BUREAU	/. s /		
Other contributory causes of importance:		Other contributory causes of importance:	- W A
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	AN
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L	12	1	- 6	1	P	3	
T	4	4	1	1	4	ŗ	

1. PLACE OF DEATH	D—CERTIFICATE OF DEATH
County Warestin	Desistation No. 12.5-2
	Registration Dist. No. 352
Village or City (Delan City)	No. St., W (If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence In city or town where death occurred	mos. ds. How long in U.S. if of foreign birth? yrs. mos. mos.
2. FULL NAME Asephine !.	/ Hasting W.S. Veteran, specify WAR
(a) Residence: No. / O Rean City	Mard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOV	VED. 21. DATE OF DEATH
OR DIVORCED (write the w	ord) /2 5- 193 3-
5a. If married, widowed, or divorced	(Month) (Day) (Year
HUSBAND of Cor Hendall Hastings	1 HEREBY CERTIFY, That attended deceased
100	I last saw A Slive on A Let & 1875 : death is
6. DATE OF BIRTH (month, day, and yeer)	1020
74 x/ 0 1 day,	hrs. the PRINCIPAL CAUSE OF DEATH and ralated causas of Impersance
8. Trede, profession, or particular	in. were as follows: Horse of May breles Day on
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Cerebral Burons for
9 Industry or business in which work wes done, as SILK MILL,	with Openeration they
SAW MILL, BANK, etc	<i>f</i> .,
this occupation (month and 1930 spent in this occupation	
12. BIRTHPLACE (city or town) Md	Other Centributory Causes of importance:
(State or country)	
13. NAME learge Cuhardson	10
4 14. BIRTHPLACE (city of town)	Name of operation
× State of country)	What tast confirmed diagnosis? Was there an autopsy?
T 15. MAIDEN NAME YOUR AND THE TOTAL OF THE	23. If daath was due to extarnal causas (VIOL ENCE) fill in also the following:
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an That he are he	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Lean 1 114 mg	Specify whether injury occurred in TROUSIKI, in HOME, of INFORCE FEACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Muyelli Date Well, 1,	9.02 Nature of injury.
19, UNDERTAKER IN W. Burtage	24. Was disease or injury in any way related to occupation of deceased?
(Address) Bulling Mid,	if so, spacify
20. FILED 12/7-, 1935 J. D. Munt	(Signed)
Regi	trar. (Address)

MARGIN RESERVED FOR BINDING

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Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

2,-00		1 year
ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSIC	CIAN
V		

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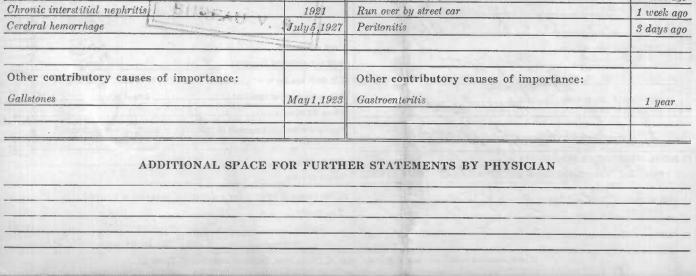
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	1400.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



certificate.

See instructions on back of

TION is very important.

item of infor-

N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

14711,

1. PLACE OF DEATH	(12)
County Worcester within season	Registration Dist. Np.
Village or City Pocomoke City.	No. St Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAMES SOCK John	LANCE WITHIN ROLFORATO CIPTOR CO.
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4-COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Mole teolored or DIVORCED (write the Word)	December 21 a , 193 5. (Month) (Dey) (Yaar)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That i attended deceased from
	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) Lee 9/4-14/6	Hast saw h im alleand December 21., 1935 ; death is said
7. AGE Years Months Days If LESS than I dey	to have occurred on the deta stated abova, atm.
19 4 lady,min.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Cause of death Bullet entered
SAWYER, BOOKKEEPER, etc.	about 1 in sbove lower end of
S. Industry of business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	Sternium & slightly to left side.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date decessad lest worked at this occupation (month and yeer). 11. Total time (yeers) spant in this occupation	Course of bullet was apperantly to left toward the heart.
X	Dthar Contributory Canses of importanca:
12. BIRTHPLACE (city or town) (State or country)	The deceased was killed and murdered by Russell Wilson.
13. NAME Morangere to hugos	
14. BIRTHPLACE (city or town) South of the country	Name of oparation Data of
(State of country)	Whet test confirmed diegnosis? Dr Parker Wes there an autopsy?
15. MAIDEN NAME Command Mule 16. BIRTHPLACE (city or town) or completely (State or country)	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town some pel to,	Accident, suicide, or homicide? Date of Injury 19
∑ (Stete or country)	Where did Injury occur? Pocomoke City. Md.
17. INFORMANT Gowald Color Col	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Public Highway
18. BURIAL CREMATION, OR REMOVAL	Mannar of injury
Piece Piece Dete 1,19 a	Neture of injury
19. UNDERTAKER BROOK A Stevenson	24. Was diseese or injury in eny way ralated to occupation of deceased?NO
(Addrass ocose he est, red	If so, specify
20. FILED Dec. 24 1925 John T. Rolley	(Signed) John /. May - Act Cororner M. D.
Registrar.	(Address) Pocomoke City. Md

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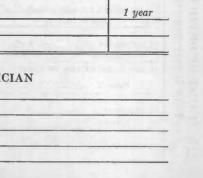
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1921	Run over by street car	1 week ago
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	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	YSICIAN
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BINDING

MARGIN RESERVED

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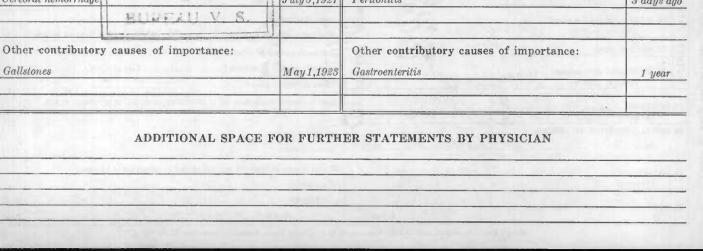
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Chronic interstitial pephritis AN 8 1038	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUNFAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14713
1. PLACE OF DEATH County Works The Car Second Village or City Occamble City 12.7.D. 2	Registration Dist. No. 35/
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foraign birth?yrsmosds.
2. FULL NAME Omma Jones	If U. S. Veteran, specify WAR 70
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OB DIVORCED (write the word) Manual	21. DATE OF DEATH 22 1935 (Month) (Day) (Year)
5e. If marriad, widowed, or ofvorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY That i attanded deceased from 20 / 1980, to Section 1936
6. DATE OF BIRTH/month, day, and year St. 12 1971 7. AGE Years Months Oays If LESS than 1 day,hrs. ormin.	to heva occurred on the data steted abova, at
8. Trada, profassion, or particular kind of work done, as SPINNER. SAWYER, BODKKEEPER, etc 9. Industry or businass In which work was done, es SILK MILL, SAW MILL, BANK, atc 10. Date dacaesed lest worked at this occupation (month and year) 11. Total tima (years) spent in this year)	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Many (State or country) Many (State or country) Tank (State or country) Tank (State or country)	
13. NAME 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Oate of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. If death was due to externat causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place & Management Date Dec 34, 1985	Manner of injury
19. UNDERTAKER BEATTLE THE ANGEL (Addrass)	24. Was disease or injury in eny way retated to occupation of decaesed?
20. FILED 12/23, 1935 XEROY Swelth Registrar.	(Signed) M. D. (Address) M. D.
If more blanks dre needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis IAN 6 1000	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUNTAUV. S.				
Francisco de la constante de l				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

B.—WRITE

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14714

1	. PLACE OF DE	АТН			942	
	County Word	ester			Registration Dist. No. 35	1
	Village or City	now Hil]		N. D. F. D.	M
				f @ mos	death occurred in a hospital or justitution, give its NAME instead of street and n ds. How long in U.S. if of foreign birth?	umber)

2	. FULL NAME.			_	If U. S. Veteran, specify WAR	
	(a) Residence: No.	к	Snow Hil (Usual place of		St., Ward. If nonresident give city or town and S	State
-	PERSONAL A	ND STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	-
3.	SEX 4. COI	OR OR RACE	5. SINGLE, MARI		21. DATE OF DEATH December 8th.	5
F	emale Wi	aite	Widow	(write the word)	(Month) (Day)	193 (Year)
5a.	If married, widowed, or di HUSBAND of	vorced		THE WALL	22I HEREBY CERTIFY. That I attended of	Income of from
	(or) WIFE of Jehn	a Kelly			nor 26 1935 to Dec 8	193 5
2	DATE OF BIRTH (month,	day and year)	ay 19th.	1854.	1 last saw h 12 alive on Dec 7 1930	; death is said
-	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, a 30A m.	
	81	6	19	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Davidson
z	8. Trade, profession, or	particular			71	Date of onset
110	(e, as SPINNER, H EEPER, etc.	ousewife	2	Coronary Mromboses	Dec 8 31
OCCUPATION	9. Industry or business work was done, a	SILK MILL,			Die 81	
U U	SAW MILL, BANI	TOTAL A MOTE	. 11. Total ti	me (years)	/	
0	this occupation (r	nonth and 193!	5 sper	ntin this Life		
12	BIRTHPLACE (city or tow	w Worces	ter Coun	tv	Other Coutributory Causes of importance:	
12	(State or country)	Mary.	land.		astina	nov 15
ER	13. NAME]	jor Jone:	8			
FATHER	14. BIRTHPLACE (city or	town) Worce	ster Co	unty	Name of operation Date of	
_	(State or country	Mar	yland.		What test confirmed diagnosis? Was there an a	utopsy?20_
MOTHER	15. MAIDEN NAME				23. If death was due to external causes (VIOLENCE) fill in also the following	:
TOI	16. BIRTHPLACE (city or	town) Orces	ter Cou	nty	Accident, suicide, or homicide? Date of injury	, 19
-	(State or country		1	\	Where did injury occur?(Specify city or town, county and State	e)
17	INFORMANT Major (Address) POCO	Hudson	(Nephew		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	ICE.
18	BURIAL, CREMATION, OF		A 9 1 SULL Y TO	STICE.	Manner of injury	
	Betheden Ce	emetery ter Go. W	pate Dec.	10th 19 35	Nature of injury	
-	Non	DIP!	+	2 1171	24. Was disease or injury in any way related to occupation of deceased?	
19	(Address) OCOL	noke City	v.Marvla	ind.	If so, specify	
	. 0 -	1935-R	A. S	with	(Signed) July	M. D.
20	FILED 12/9	., 19.00	con you	Registrar.	(Address) Drow Till. Mid	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
WY STIVE	and the second second			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. TH UNFADING INK-THIS IS A PERMANE AGE should be mation should be carefully supplied. N. B.-WRITE PLAINLY,

The second second second							
CTATE		MADVI	ANID	CEDTIE	CATE		DEATER
DIAIF	UF	MARYI	ANII	CERTIFI	L.AIF		HEATH
	~ ·	1414 71 7 1 1	., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			V 1	

Z ,	OF	DEATH	1	4	1	1	4
			c.	0			

1. PLACE OF DEATH		
County Worcesters.	Registration Dist. No. 352	
Village or City Berlin.	NoSt.,Steath occurred in a hospital or institution, give its NAME instead of street and no	Ward
	death occurred in a horpital or institution, give its NAME instead of street and no death occurred	
2. FULL NAME Mailes Edward &	assett.	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 28 (Month) (Dev)	193 (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I ettended d	
6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Years Month Deys If LESS then 1 dey,hrs. ormin. 8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL,	to heve occurred on the dete steted above, et	Date of onset
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Maryland. (Stete or country)	Other Contributory Causes of Importance: That Incum mua	3 day
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (State or country)	Name of operation Dete of Whet test confirmed diegnosis? Was there en au 23. If deeth was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide? Dete of Injury	topsy?
(Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
Place It Naula Date An A, 19.36	Nature of injury	
20. FILED Jan 2, 1936 I V Minnford Registrar.	24. Was disease or injury in eny way releted to occupetion of deceased? If so, specify (Signed) (Address)	M. D.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage 1 1936	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	12	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state UPA-	1. PLACE OF DEATH	200
item of should of OCC	Village or City Selbepville P. FD	Registration Dist. No. 355 No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
ORD. Every in PHYSICIANS oct statement	1/4*//-	death occurred in a hospital of institution, give its NAIVE, instead of street and number) ds. How long in U.S. if of foreign birth?
PII PII xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Twite the word)	21. DATE OF DEATH C
XMANEX X A C T I	59. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) $3 - 23 - 185 \cdot 3 -$	i last saw h m alive on Sec 13 , 1936; death is sai
IS A PE stated E properly certificate.	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atO_A_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
HIS be be of	8 Trade profession or particular	Chronic Valnulas Hart Drain Date of one
NG INK—TI AGE should that it may ons on back	kind of work dona, as SPINNER, Farmer kind of work dona, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation laft.	
Se se icti	12. BIRTHPLACE (city or town) Mary Land	Other Contributory Causes of Importance:
UNFA] supplied. n terms, ee instru	13. NAME Purnell Lewis	-1
sul sul in t	13. NAME Purnell Lewis 14. BIRTHPLACE (city or town) Prayland (State or country)	Nama of operation Date of What test confirmed diagnosis? Was there an autopsy? Inc.
in p	15. MAIDEN NAME Do not kinese	23. If death was due to external causas (VIDLENCE) fill in also tha following:
Id be carefully DEATH in play important.	16. BIRTHPLACE (city or town) - + - (State or country)	Accident, suicide, or homicide?
E PI shoul 3 OF	17. INFORMANT Jacob A Buenting (Address) Selsepulle Del P. F.D	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL CENTER 12 -23, 19.35	Manner of injury
1504	19. UNDERTAKER P. W. Hatear & Son (Address) Sellequelle Delacrae	24. Was disease or injury in any way related to occupation of deceased?
E C	20. FILED DE 5 : 23 1985 Helen F Hay ward	(Signed) C. a Stolland M. I

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10.-The month and year the deceased last worked at the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
		(93)		
Other contributory causes of importance: Gallstones		Other contributory causes of importance: Gastroenteritis	1 year	
**				

V. S. No. 1 N. B.—

20. FILED

1	L PLACE OI			F MAR	YLAND-	CERTIFICATE OF DEATH
	CountyV	lorces	ster			Registration Dist. No. 353
	Village or Ci	ity	Bishop		(11	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) . ds. How long in U.S. if of foreign birth? yrs. mos. ds.
:						St., Ward. If nonresident give city or town and State
-						MEDICAL CERTIFICATE OF DEATH
3.	3. SEX Fem. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)					21. DATE OF DEATH December 27 , 193 5 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of						22. I HEREBY CERTIFY, That I attended deceased from
	DATE OF BIRTH (AGE Year		, and year) De Months	Days	935 If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at T.G. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc				11. Total t	ime (years)	Date of enset STILBIRTH
12. BIRTHPLACE (city or town) Bishop, Md. (State or country)					•	Other Coutributory Causes of importance:
ER	13. NAME		Russell	Lynch		
FATHER	14. BIRTHPLACE (State or		wn) Del.			Name of operation
ER	15. MAIDEN NAM	NE .	Doris Hu	ıdson		23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Doris Hudson 16. BIRTHPLACE (city or town) Md., (State or country)						Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT					•	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL- Place Lagran Considery Date / 2 - 28 - , 1935					28-,1935	Manner of injury
						24. Was disease or injury in any way related to occupation of deceased?

H more blanks are heeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
James J.	11 ty 1,1050	Cruder (Control and	x year

V. S. No. 1

Ξ,

(Addrass)

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	954
Village or City 1. 7.	Registration Dist. No. St. Ward
(1f	NoStWard death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long lo U.S. if of foraign birth?yrsmosds.
2. FULL NAME Mary Was Co., A. 7. & (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
6a. If married, widowad, or divorced HUSBAND of Richard Charles Percival Moore (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 12 - 29 , 1935, to 12 - 29 , 1935
5. DATE OF BIRTH (month, day, and year) 1865	I last saw the maline on a case have alives ; death is said
7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at
8. Trade, profassion, or part/cular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc	See Reverse condition.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Remarks Ceorgs
12. BIRTHPLACE (city or town) Woresch Co., Tesd (State or country)	Other Contributory Causes of importance: No. further information.
13. NAME J. B. Corlin	Name of operation . Data of .
14. BIRTHPLADE (city or town) (State or country)	What tast confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata ar country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Mas: Corbin (Address) Joseph Col. 4. D.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL All, Hollow's, Cemet SnoPlaceHill. Md. Date Dec. 31 19.35	Manner of Injury
0470 t target	Natura of injury



Registrar.

If so, specify

(Signed)

(Address)

24. Was disease or Injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II			
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Arteriosclerosis	1915	Attock of epilepsy	C	Lweek aga	
Chronie interstitial nephritis	1921	Run over by street ear		1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	77	2 days ago	
		and the state of t	-	The state of the s	
Other contributory causes of importance:		Other contributory causes of importance:			
nes	May 1,1923	Gastroenteritis		1 year	

						BY PHYSICI	IAN .	
Woman	was	dead	ou -	my a	nival	- no	Reno	2 7
seiftus	10 -	Dear	Date	Rame	tu c	ann	la s	our
heart (candi	lian.	711	un to	islow	she	Brote	1h
had a	2 /2	Lucy	cond	clar	ad	well		
						aan	meken	hero.

14718

1. PLACE OF DEATH	(I3I)
County Wallslif	Registration Dist. No. 352
17 / /	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Alonge J. Modriey	
(a) Residence: No. Berlin, Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the world)	21. DATE OF DEATH (Month) (Dey) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Ary Rodrey.	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et / 3 D A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, CALLED SAW MILL, BANK, etc. 10. Date decessed lest worked et this occupation (month end to spent in this spent i	Chroni Intereste rephito 198
10. Date decessed lest worked et this occupation (month end 1925 + 11. Total time (years) spent in this occupation (cupation) 12. BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Causes of importence:
13. NAME Anomas Rodney 14. BIRTHPLACE (city or town) Delaurace. (State or country)	Name of operation Dete of Was there en autopsy?
15. MAIDEN NAME Francie Quellen. 16. BIRTHPLACE (city or town) Maryland (State or country) 17. INFORMANT L. Leonge J. Rodney (Address)	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Date Date 6, 19 3.5	Menner of injury
19. UNDERTAKER J.W. Burbage M.J.,	24. Was disease or injury In any way related to occupation of deceased? No.
20. FILED Lee 6, 1936 - Da Mennford. Registrar.	(Signed) M. D. (Address) M. D. S. No. 1.

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10.-The month and year the deceased last worked at the occupation.

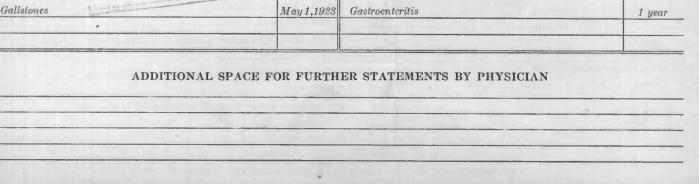
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
- 3				
Other contributory causes of importance:		Other contributory causes of importance:	BLLE	
Gallstones	May 1,1923	Gastroenteritis	1 year	



RESERVED

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Example 1		Example II	
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Chronic interstitial nephritis	1921	Run over by street oar Soll 9 NVI	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS	BI	PHYSICIAN
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PHYSICIANS should state

Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be stated EXACTE CAUSE OF DEATH in plain terms, so that it may be properly classified.

	STATE	OF MARYLAND-	-CERTIFICATE OF DEATH 14720
1. PLACE OF	F DEATH		(46)
County_\mathcal{L}	Jorgestr		Registration Dist. No. 353
Village Dr C	ity Seller	wille Del P.	D. No. St., Ward
2. FULL NAI			ies
(a) Residen	ce: No	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSON	AL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Gemale	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / 2 2 4 193 5 (Month) (Day) (Year)
5a. If married, widow HUSBAND of (or) WIFE of	ad, or divorced	Shavies	22. HEREBY CERTIFY, That i attended deceased from

County was easy c	000	Registration Dist. No. 23 2
Village Dr City Selly	well Del K.	O. No. St., St., f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where		
00		J
2. FULL NAME Glow	ill Than	es .
(a) Residence: No.		St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Temale Col.	married	(Month) (Day) (Yaa
5a. If married, widowad, or divorced	00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
HUSBAND of (or) WIFE of	X to any en	22. HEREBY CERTIFY, That i attended deceased
1000. 2	1 more and	1935, to 12-25 190
6. DATE OF BIRTH (month, day, and year)	nay 6. 1898	liast saw h & aliva on
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at
37 7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	. 1	Bronchial Promise Date of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	House wife	
9. Industry or business in which		
work was done, as SILK MILL, SAW MILL, BANK, atc	V	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc	11. Total time (years)	
year)	spent in this occupation Lisane	
12. BIRTHPLACE (city or town)	1	Other Contributory Causes of importanca:
(State or country)	he parolena	2 (Company
13. NAME P. 4. Ju	1/8:	012 many
E 13. WAINE	www.s	
14. BIRTHPLACE (city or town)		Name of operation Date of
(State or country)	misarounce.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME // Orlino	Jones	23. If daath was due to extarnal causas (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	the Carolina	Accidant, suicida, or homicide? Date of injury, 19_
∑ (State or country)		Where did injury occur?
17. INFORMANT DENO	haves	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	ille Del	- The state of the
18. BURIAL, CREMATION, OR REMOVAL//	ille Oct.	Mannar of injury
La state Chatabel	Date Dec 26,1935	3
m m	0 - 111-1	Nature of injury
19. UNDERTAKER Para M. Ja	the Walson	24. Was disease or injury in any way related to occupation of deceased?
(Addrass)	elle Dal	If so, spacify
20. FILED Reg . 26 193 of	sul hitarian	(Signad) Japones of
7/	Registrar.	(Address) Delbynell

If more blanks are needed, addless State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. Y.

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Example I	- i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 6 1995	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ANT CONSISTENCY OF THE PROPERTY AND THE PROPERTY OF THE PROPER			
Other contributory causes of importance:	(= N 240)	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Gallstones	May 1,1923	Gastroenteritis	1 year
ADDITIONAL SP	PACE FOR FURTH	ER STATEMENTS BY PHYSICIAN	

STATE OF	MARYLAND-CERTIFICATE	OF DEATH

1	.0	-		
1	4	6	2	1

1. PLACE OF DEATH	<i>(b)</i>
County Warrester	Registration Dist. No. 332
Village or City Derlin Mid	NoSt,Ward
()	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town whara death occurredyrsm	osds. How long In U.S. if of foralgn birth?yrsmosds.
2. FULL NAME Head Drie	If U. S. Veteran, specify WAR
(a) Residence: No. Julia Shower (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased from
10 -11071	
6. DATE OF BIRTH (month, day, and year) Mur, 2/932 7. AGE Years Months Days If LESS than	I last sawh: alive on, 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at. 6
	were as follows:
8. Trada, profession, or particular / kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc	Stieshirth
9/Industry or business in which	Succession of the succession o
work was dona, as SILK MILL, SAW MILL, BANK, atc	
- and occupation (month and spont in this	
year) occupation	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	- I mo
13. NAME Euse Jones	
13. NAME LAST TONGS 14. BIRTHPLACE (city or town)	Nama of operation
(State or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Fatte havel	23. If daath was due to external causes (VIOLENCE) fill In also the following:
16, BIRTHPLACE (city or town)	Accidant, suicida, or homicide? Date of Injury19
∑ (Stata or country)	Whare did Injury occur?
17. INFORMANT (Address)	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place January Date Mun 21, 193.	
19. UNDERTAKER 1: 44 Bustage (Addrass)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED blie 21, 1935 - + V Many ford	(Signad) Las. M. D.
Registrar.	(Address) Sirtly Trid

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Chronic interstitiat nephritis AN 2 1300	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		b	

item of inforshould state of OCCUPA-

Exact statement

stated EXACTL properly classified.

AGE should be

be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE

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STATE OF MARYLAND-CERTIFICATE OF DEATH

1	4	0	1	1)	
1	7	6	6	h_{spl}	

1. PLACE OF DEATH	(12)	
County Worcester LIMITAGE	Registration Dist. No. 351	
Village or City Anow Hill	No.	Ward
(I Length of residence in city of town where death occurred	f death occurred in a hospital or institution, give its NAME instead of street and nus. ds. How long in U.S. if of foreign birth?	mber)
2. FULL NAME James Jacob	If U. S. Veteran, specify WAR	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and St	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	ntc
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Die 3/	193 5
a. If married widowad of divorced	(Month) (Day)	(Yaar)
a. If married, widowad, extrorced HUSBAND of (or) WIFE of Laura Loyler	22. 1 HEREBY CERTIFY, That I attanded de	ceased from
DATE OF BIRTH (month, day, and year) aug 1853	I last saw h Man alive on Die 3/ 1930:	death is sai
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9	
82 4 mkn 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:	Date of onse
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	- Of	
9. Industry or business In which	Mrouse Dright disease he	ukuo
work was done, as SILK MILL, SAW MILL, BANK, etc	varing purcuin	
SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc.		
	Other Contributory Causes of Importance;	
2. BIRTHPLACE (city or town). The state or country)		
13. NAME Unknown		
14. BIRTHPLACE (city or town) Wilkinson	Name of oparetion	
(State or country)	Whet test confirmed diagnosis? Was there an aut	oney? W
15. MAIDEN NAME	23. If deeth was due to external causes (VIDL ENCE) fill In also the following:	, psy:
15. MAIDEN NAME // 16. BIRTHPLACE (city or town) //	Accident, suicida, or homicida? Date of Injury	19
(State or country)	Whera did Injury occur?	
7. INFORMANT Orust Wish (Address) Survey Hill Mid	(Specify city or town, county and State) Spacify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
B. BURIAL, CREMATION, OR REMOVAL Placa Trundour Date 7/2/ 1936	Manner of Injury	
O. UNDERTAKER Heary Red Duris (Address) Duris Millims	24. Was disease or injury in any way rafated to occupation of dacaasad?	7)
FILED 1/2/ 1936 REPor Secreth	(Signed) Au h. May	M. [

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Statement of cause of dcath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing dcath. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

li li	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

STATE OF MADVI AND CEDTIFICATE OF DEATH

state UPA-	1. PLACE OF DEATH	CERTIFICATE OF DEATH
5	County Worcester.	Registration Dist. No. 352
of OCC		No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs, mos ds,
AN	2. FULL NAME To argaret Trimbe	
PHYSICIANS ict statement	(a) Residence: No. Balt, ave Ocean City, (Usual place of abode)	Mrs., . Ward. If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y,	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIEO, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
ACTI assified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caniel Trimper Sr.	22. HEREBY CERTIFY, That I attended deceased from
E X cl y cl te.	6. DATE OF BIRTH (month, day, and year) July 9 1852	I last saw harmalive on Alexander 19 ; death is said
stated E properly certificate.	7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance
stated proper	8. Trade, profession, or particular	were as follows: P- Combolismo Date of onset
be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
should it may n back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 1/2 a) 11. Total time (yars) spent in this	
E1 +0	11. Total time (years) this occupation (month and 1925	
supplied. AGE in terms, so that See instructions	12. BIRTHPLACE (city or town) Maryland. (State or country)	Other Coalestory Causes of importance: of Tuest Head
olied rms, nstr		
y supplied ain terms, See instru	13. NAME headore Sorne 14. BIRTHPLACE (city or town) Hermany (State or country)	Name of operation Date of Was there an autopsy?
efully in pla ant.	15. MAIDEN NAME 1 article (unknown)	23. If death was due to external couses (VIOLENCE) fill in also the following:
Care TH is	15. MAIOEN NAME Catherine (unknown) 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicides. Date of injust 19
hould be carefully supplied. OF DEATH in plain terms, very important. See instru	17. INFORMANT Mr. Daniel Tringer Jr. (Address) (Q. c. a. Cit. M. d.	Where did injury occur?
should E OF D is very	18. BURIAL, CREMATION, OR REMOVAL R. D. Mal	Manner of injury Fell down algors
	Place St. J. July 1 July Date Alle JL, 1923	Nature of injury fra alure July
CAUS TION	19. UNDERTAKER J. W. Surboye (Address) Berlin Mid	24. Was disease or injury in any way related to occupation of diseased? If so, specify
(1)	20. FILED 12/22, 1935 - S.S. Maryord Registrar.	(Signed) (Address) (Seeaac Cely Tree)
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

B.-WRITE PLAINDY,

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MARGIN RESERVED FOR BINDING

WITH UNFADING INK-THIS IS A PERMANEN

RECORD. Every item of infor-

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis L. ! L. 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

	ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
, V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
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